

CDC DAILY TIME AND ATTENDANCE RECORD

Michigan Department of Education



PROVIDER NAME:			PROVIDER ID:		PAY PERIOD NUMBER:		PAGE NUMBER:
DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /
DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

CHILD'S FULL NAME:						CHILD'S AGE:	
BEGIN TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
END TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
CHILD ABSENCE HOURS							
TOTAL HOURS							
PARENT INITIALS							

CHILD'S FULL NAME:						CHILD'S AGE:	
BEGIN TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
END TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
CHILD ABSENCE HOURS							
TOTAL HOURS							
PARENT INITIALS							

CHILD'S FULL NAME:						CHILD'S AGE:	
BEGIN TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
END TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
CHILD ABSENCE HOURS							
TOTAL HOURS							
PARENT INITIALS							

CHILD'S FULL NAME:						CHILD'S AGE:	
BEGIN TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
END TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
CHILD ABSENCE HOURS							
TOTAL HOURS							
PARENT INITIALS							

I certify that:

- The above billing information is true and accurate to the best of my knowledge based on available information.
- I keep permanent and accurate records for four years, showing time of arrival and departure for each child on a daily basis.
- I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be disqualified from the program or prosecuted for fraud.

PROVIDER SIGNATURE: _____ DATE: _____ PROVIDER PHONE NUMBER: _____

CONFIRMATION NUMBER: _____

Revised 5/2015

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EXAMPLE:

PROVIDER NAME: <i>Laura Lansing</i>			PROVIDER ID: <i>0123456</i>		PAY PERIOD NUMBER: <i>408</i>		PAGE NUMBER: <i>1</i>
DATE	<i>4/ 6 /14</i>	<i>4/ 7 /14</i>	<i>4/ 8 /14</i>	<i>4/ 9 /14</i>	<i>4/ 10 /14</i>	<i>4/ 11 /14</i>	<i>4/ 12 /14</i>
DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CHILD'S FULL NAME: <i>Tommy Towers</i>							CHILD'S AGE: <i>2</i>
BEGIN TIME	: AM / PM	<i>7:50</i> AM / PM	<i>7:50</i> AM / PM	: AM / PM	<i>8:00</i> AM / PM	<i>8:00</i> AM / PM	: AM / PM
END TIME	: AM / PM	<i>3:48</i> AM / PM	<i>3:48</i> AM / PM	: AM / PM	<i>3:46</i> AM / PM	<i>3:46</i> AM / PM	: AM / PM
CHILD ABSENCE HOURS				8			
TOTAL HOURS		8	8		8	8	
PARENT INITIALS		<i>PT</i>	<i>PT</i>	<i>PT</i>	<i>PT</i>	<i>PT</i>	

INSTRUCTIONS:

At the end of each pay period, providers must bill for child care hours by using Internet billing at: www.michigan.gov/childcare. You will need your provider ID number, and PIN. For questions about billing, refer to the Child Development and Care Handbook. If you still need help call the Central Reconciliation Unit at 1-866-990-3227.

When completing your CDC Daily Time and Attendance Record, you will need to record:

Provider Name: Enter your name or the name of your facility.

Provider ID Number: Enter the 7-digit ID number (**not** license number) listed on the MDHHS-198, Child Care Provider Authorization.

Pay Period Number: Enter the number of the pay period that corresponds to the billing dates. Use a separate page for each pay period.

Confirmation Number: Enter the confirmation number found in the upper right corner of the MDHHS-105, Child Development and Care Billing/Attendance Invoice.

Page Number: Enter the page number. Use additional records if you care for more than four children.

Child's Name and Age: Enter the name and age of each child for whom care has been authorized for the billing period. Place them in alphabetical order by last and first name.

Care Begin and End Times: Enter the times in hours and minutes, indicating if it is AM or PM by circling the appropriate designation.

Child Care Hours: Enter the number of hours of care that were actually provided, rounded to the nearest half hour. Enter half hours as .5. **This may be more or less than the number of hours authorized on the MDHHS-198. Leave blank any days the child did not attend.**

Child Absence Hours Child absence hours (not to exceed 208 hours per fiscal year- 10/1-9/30) may be billed for any periods in which the child is not in care when he/she would have normally been in attendance. This includes periods when the provider is open for business, as well as when the facility is closed. Child absence hours cannot be billed after the child's last day in attendance. If you do bill child absence hours, you may not enter more hours than the child would have normally been in care that day. In the box for the day that the absence occurred, enter the number of hours being billed, rounded to the nearest half hour. Enter a half hour as .5.

Parent or Authorized Representative Initial: The parent or authorized representative must initial daily for each child for each day that hours will be billed (care hours or child absence hours), to indicate that the entries are correct.

Child Care Provider's Signature and Date: The person authorized to complete the billings must sign and date the form.

HOW TO ROUND TO THE NEAREST HALF HOUR:

Round each care begin time and care end time to the nearest half hour to get the total daily child care hours.

If the minutes in the care begin/end time are between 1-15, drop them. For example, for a care begin time of 8:15 a.m., use 8:00 a.m. to calculate the total hours

If the minutes in the care begin/end time are between 16-45, round to the half hour (:30). For example, for a care end time of 4:45 p.m., use 4:30 p.m. to calculate the total hours. If the minutes in the care begin/end time are between 46-59, round to the next full hour. For example, for a care begin time of 7:52 a.m., use 8:00 a.m. to calculate the total hours.

Please note: Parents are responsible for child care expenses that are not paid by the department including expenses incurred while a parent or provider's eligibility is being determined. Parents are also responsible for child care expenses when care is provided while the parent is not attending his/her authorized activity.

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CDC 2015 PAYMENT SCHEDULE

The CDC Payment Schedule gives you the Pay Period Dates, Pay Period Numbers, Billing Deadline Dates, and the estimated Check/EFT Date.

Pay Period Dates	Pay Period Number	Billing Deadline Date	Check/EFT Issue Date	Pay Period Dates	Pay Period Number	Billing Deadline Date	Check/EFT Issue Date
12/28/2014 - 01/10/2015	501	01/15/2015	01/23/2015	06/28/2015 - 07/11/2015	514	07/16/2015	07/23/2015
01/11/2015 - 01/24/2015	502	01/29/2015	02/05/2015	07/12/2015 - 07/25/2015	515	07/30/2015	08/06/2015
01/25/2015 - 02/07/2015	503	02/12/2015	02/20/2015	07/26/2015 - 08/08/2015	516	08/13/2015	08/20/2015
02/08/2015 - 02/21/2015	504	02/26/2015	03/05/2015	08/09/2015 - 08/22/2015	517	08/27/2015	09/03/2015
02/22/2015 - 03/07/2015	505	03/12/2015	03/19/2015	08/23/2015 - 09/05/2015	518	09/10/2015	09/17/2015
03/08/2015 - 03/21/2015	506	03/26/2015	04/02/2015	09/06/2015 - 09/19/2015	519	09/24/2015	10/01/2015
03/22/2015 - 04/04/2015	507	04/09/2015	04/16/2015	09/20/2015 - 10/03/2015	520	10/08/2015	10/15/2015
04/05/2015 - 04/18/2015	508	04/23/2015	04/30/2015	10/04/2015 - 10/17/2015	521	10/22/2015	10/29/2015
04/19/2015 - 05/02/2015	509	05/07/2015	05/14/2015	10/18/2015 - 10/31/2015	522	11/05/2015	11/13/2015
05/03/2015 - 05/16/2015	510	05/21/2015	05/29/2015	11/01/2015 - 11/14/2015	523	11/18/2015	11/25/2015
05/17/2015 - 05/30/2015	511	06/04/2015	06/11/2015	11/15/2015 - 11/28/2015	524	12/03/2015	12/10/2015
05/31/2015 - 06/13/2015	512	06/18/2015	06/25/2015	11/29/2015 - 12/12/2015	525	12/16/2015	12/23/2015
06/14/2015 - 06/27/2015	513	07/01/2015	07/09/2015	12/13/2015 - 12/26/2015	526	12/30/2015	01/07/2016

Revised 5/2015

Billing deadlines on days before holidays are at 4:00pm on the indicated date. Otherwise, they are at the end of the day (midnight). Delays in payments should be expected during holiday periods when State offices and post offices are closed.